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**FAX NOTICE**  
**HIGH PRIORITY**  
(Check all that Apply)

- ☐ REPORT OF SUSPECTED MALTREATMENT  
☐ THREAT OF HARM TO SELF OR OTHERS



**FAX CHECKLIST**

**FAX #1:**

COUNTY OF INCIDENT (Maltreatment) <u>OR</u> CURRENT RESIDENT COUNTY (Harm)	REGION & COUNTY	PHONE	FAX

**FAX #2:**

CHILD'S SSW	REGION & COUNTY	PHONE	FAX

**FAX #3:**

REGIONAL CRP LIAISON	REGION & COUNTY	PHONE	FAX

- 1) If Report of Maltreatment, fax to county where incident allegedly occurred.
- 2) If Report of Threat of Harm to Self or Others, fax to child's current county of residence.